



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://ceo.lacounty.gov>

May 6, 2008

The Honorable Board of Supervisors
County of Los Angeles
3836 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

**DEPARTMENT OF HEALTH SERVICES: APPROVE ADDITIONAL ACTIONS TO
PROVIDE SERVICES AT HOSPITALS IMPACTED BY CLOSURE OF MARTIN
LUTHER KING, JR. - HARBOR HOSPITAL, INCLUDING ADDITIONAL STAFFING
FOR HARBOR/UCLA AND ADDITIONAL FUNDING FOR IMPACTED
PRIVATE HOSPITALS
(SUPERVISORIAL DISTRICTS 1, 2 AND 4)
(3 VOTES)**

SUBJECT:

Approval of these recommendations will authorize the implementation of various innovative programs at Harbor-UCLA Medical Center (Harbor), which are designed to assist with the decompression of the Harbor Emergency Department (ED) and improve patient flow; and authorize additional funding for private hospitals impacted by the closure of Martin Luther King, Jr. - Harbor (MLK-H) Hospital.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Authorize the Department of Health Services (Department or DHS) to fill up to 94 new Full-Time Equivalent (FTE) positions at Harbor, as outlined on Attachment II, in excess of what is provided in the Department's staffing ordinance pursuant to section 6.06.020 of the County Code, subject to allocation by the Chief Executive Office, funded from existing resources.
2. Approve and authorize the Director of Health Services to sign Amendment No. 4, substantially similar to Exhibit I, to agreement No. H-75936 with Primary Critical Care Medical Group, for the provision of inpatient hospitalist physician services at Harbor, from date of Board approval through November 30, 2010,

increasing the maximum obligation by \$3,629,000, for a total maximum obligation through November 30, 2010 of \$21,629,000.

3. Approve the transfer of up to \$2.5 million in existing DHS funds to the State of California that will be used as the non-federal share for additional Medi-Cal inpatient hospital payments to the Impacted Private Hospitals under the Board approved MLK-H Closure Plan.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

In approving the recommended actions, the Board is authorizing the Director of Health Services to implement adjustments to the MLK-H Hospital Closure Implementation Plan by augmenting resources at Harbor to improve functioning of the ED and the Urgent Care to serve patients redirected from MLK-H. In addition, the Department will transfer up to \$2.5 million to the State, which will result in a minimum augmentation for Impacted Private Hospitals of \$4.0 million.

FISCAL IMPACT/FINANCING:

The total cost for County staff, supplies, and contract expenditures is \$3.4 million in FY 2007-08 and \$13.1 million in FY 2008-09. Funding is available in the FY 2007-08 Budget by redirecting Senate Bill 474 funding earmarked for inpatient services at Rancho Los Amigos National Rehabilitation Center (Rancho) and for the purchase of additional private hospital beds for patient transfers (Attachment I). Funding for FY 2008-09 will be included in the Final Changes budget at no increase in net County cost. These actions will not result in a net increase of budgeted positions in the Department (Attachment II).

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On August 13, 2007, the Board approved the MLK-H Hospital Closure Implementation Plan and authorized the Department to implement the plan. The March 14, 2008 status report to the Board on the MLK Contingency Plan implementation showed that all actions have been implemented, most are completed and some are still in progress. Continued implementation of the contingency plan will be improved by the adjustments authorized through this Board letter.

Harbor/UCLA

Harbor's ED has experienced serious overcrowding as the result of the closure of six hospital ED's in the South Los Angeles area, including MLK-H, and the increasing number of uninsured seeking services at Harbor's ED. Harbor's medical and administrative leadership and the Department's Senior Medical Director and Chief

Network Officer conducted a detailed review of the ED and hospital operations that support the ED and developed a comprehensive plan to address the requirement to shorten the wait time for patients from door to the medical screening exams, treat the increased volume of patients, decompress the main ED waiting areas by expanding urgent care to 7 days per week, increase diagnostic and referral services to move patients from the ED to care, and add additional inpatient admitting physicians (hospitalists) to improve patient flow by admitting patients faster from the ED and accelerating their care and timely discharge.

The Harbor plan adds County positions for these services, expands the Department's current contract for inpatient hospitalist services to improve patient flow and admit patients faster from the ED, and links with the already implemented increase in medical screening exams in the ED. The plan also meets requirements for compliance with State and Federal regulations. The components of the plan are briefly described below.

Harbor Medical Screening and Treatment [55 positions, FY 2007-08 \$2.5 million; FY 2008-09 \$6.4 million]. Beginning February 13, 2008, Harbor began providing Rapid Medical Examinations (RME) in the ED, by temporarily utilizing contracted physicians through California Emergency Physician Group (CEP), and temporarily reassigned County nurses. The Director approved the emergency filling of ordinance nursing positions for this function. Meanwhile, Harbor has developed a plan to replace the contract physicians with County staff, through a combination of 3 attending physicians and 10 nurse practitioners. In addition to the RME staff, an additional 2 RN's per shift are being added to provide additional staff to cover the triage area (15.0 FTE's); and 6 LVN's and 12 Nursing Attendants are being added to initiate immediate treatments and testing for all patients triaged. Patient registration staff is being added to the registration area to track patients, expedite registration and assist nursing staff in assuring compliance with the tracking and reassessment requirements (9.0 FTE's). The entire physician, nursing and other staff needed for this ED enhancement requires 55.0 full-time staff, as detailed on Exhibit B.

The CEO has already approved use of ordinance items to hire County staff to replace the contract physicians. Approval of this letter will ratify that action.

Harbor Urgent Care Expansion [15 positions, FY 2007-08 \$0.2 million; FY 2008-09 \$1.5 million] The existing 5 day per week, 16 hour per day Urgent Care Clinic (with 8 hours currently being provided on Saturdays) will be expanded to 7 days per week, 16 hours per day. This is expected to provide an increase of 11,232 additional visits per year and to remove the less urgent patients from the main ED, which will allow ED staff to focus on the most acute patients. This should also reduce the number of persons who leave without being treated after completing the medical screening examination.

Harbor Hospitalist Admitting Team [contract hospitalists, 3 support positions, FY 2007-08 \$0.2 million; FY 2008-09 \$1.7 million] Harbor will add contract inpatient hospitalists who will aid in decompressing the ED by speeding the admission of patients who now wait long hours because the current admitting residents have reached the maximum number of new admissions they can handle under the Accreditation Council of Graduate Medical Education (ACGME) regulations. This action adds an admitting team of hospitalists, full-time internists who will provide an additional admitting team and additional in-house attending physical coverage and support other urgent medical needs of hospitalized patients. It is expected this will increase admission capacity by 3-7 additional patients per day above the number of patients that can currently be admitted under the residents' regulatory limitations, and that based on these additional admissions, this additional admitting team will manage an inpatient census of 15-25 patients per day. Harbor's Department of Medicine also expects that the hospitalists will facilitate rapid evaluation, management and discharge of patients. This model has been successfully implemented at LAC+USC Medical Center. This action will use existing staffed inpatient beds more effectively, which will create more inpatient capacity without having to add more staffed beds, by improving patient flow and reducing length of stay.

Harbor Expedited Work-Up Clinic [8 positions FY 2007-08 \$0.2 million; FY 2008-09 \$1.3 million] Harbor will add an Expedited Work-Up Clinic for patients who need rapid diagnostic studies who can avoid being admitted to the hospital to get these procedures. The clinic, housed in a nearby clinic building, will be staffed by County employees to perform lab tests, imaging studies, consultations and other evaluations that can be performed quickly outside of the ED.

Harbor Cardiovascular Open Access Rapid Evaluation Program (CORE) Program [13 positions FY 2007-08 \$0.3 million; FY 2008-09 \$2.2 million] Harbor will add the CORE Program for low- or intermediate-risk cardiac patients who are now frequently admitted for needed diagnostic and consultative service, waiting 12-24 hours in the ED for an inpatient bed. The CORE Program will create a 4-station unit that will operate 7 days per week to provide outpatient cardiac evaluations for same-day work-ups, which will reduce admissions and accelerate care for those patients with more serious problems. The CORE Program is expected to move 6-12 patients a day out of the main ED for evaluation and follow-up.

Impacted Private Hospital Funding

As part of the actions to implement Senate Bill 474, the Department has already sent \$4.4 million to the State to allow the drawing down of federal matching funds. Participating Impacted Hospitals are receiving \$8.8 million through this action. DHS has been meeting with the Impacted Hospitals and the Hospital Association of Southern California and believes the effect of the MLK-H closure on these hospitals has been significant, particularly with the prior closure of five other EDs in and around the South

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Los Angeles area. In addition, the transfer of ED patients to Rancho and St. Vincent's Medical Centers has been limited as a result of patient acuity and the need for specialty services, which are unavailable at those facilities. Thus, DHS proposes to send up to an additional \$2.5 million in FY 2007-08 to the State for a federal match. This will provide an additional \$5.0 million, \$4.0 million of which will be distributed by the California Medical Assistance Commission (CMAC) directly to the Impacted Hospitals and, per State regulations, \$1.0 million are for discretionary distribution by CMAC.

CONTRACTING PROCESS:

The agreement with Primary Critical Care Medical Group was negotiated on a sole source basis, initially to provide services at MLK and then to provide services to quickly implement the MLK-Harbor Closure Plan. If these services are needed after the agreement's expiration in 2010, a competitive solicitation will be performed.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

When implemented, the recommendations of this Board letter will increase capacity for patients affected by the closure of MLK-Harbor.

CONCLUSION:

When approved, the Department of Health Services requires three signed copies of the Board's action.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:SAS
MLM:AMT:yb

Attachments (3)

c: County Counsel
Director and Chief Medical Officer, Department of Health Services

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR PATIENT FLOW PROPOSAL
FISCAL YEARS 2007-08 AND 2008-09**

	1	2	3	4	5	6	7	8	9	10	11
	ADDITIONAL COSTS					HARBOR/UCLA PATIENT FLOW PROPOSAL TOTAL COST	OTHER ADJUSTMENTS				NET COST
	Additional Staff in the Emergency Department (ED) Triage & Waiting Areas	Urgent Care Center (UCC) Expansion	Hospitalist Admitting Team to Increase Inpatient Admission	Expedited Work-Up Clinic	Cardiovascular Open Access Rapid Evaluation Program (CORE)		Estimated Savings from the Private Hospital Contract Budget *	Estimated Savings from the Rancho 30 ADC Reduction	IGT Payment Adjustment	TOTAL ADJUSTMENTS	
FY 2007-08											
S&B	\$ 0.100	\$ 0.180	\$ -	\$ 0.099	\$ 0.179	\$ 0.558	\$ -	\$ (4,241)	\$ -	\$ (4,241)	\$ (3,683)
S&S	2,387	0.039	0.236	0.091	0.095	2,948	-	(5,164)	2,500	(2,664)	0.194
FIXED ASSETS											
TOTAL COST	\$ 2,487	\$ 0.219	\$ 0.236	\$ 0.190	\$ 0.274	\$ 3,406	\$ -	\$ (9,395)	\$ 2,500	\$ (6,895)	\$ (3,489)
TOTAL REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,489)	\$ -	\$ (3,489)	\$ (3,489)
NET COST	\$ 2,487	\$ 0.219	\$ 0.236	\$ 0.190	\$ 0.274	\$ 3,406	\$ -	\$ (5,905)	\$ 2,500	\$ (3,406)	\$ -
BUD POS	-	a)	15.0 b)	a)	8.0 d)	36.0	-	(94.0)	-	(94.0)	(58.0)
ORD POS	-	a)	15.0 b)	a)	8.0 d)	36.0	-	(94.0)	-	(94.0)	(58.0)
FY 2008-09											
S&B	\$ 4,541	\$ 1,270	\$ 0.316	\$ 0.708	\$ 1,238	\$ 8,069	\$ -	\$ (5,974)	\$ -	\$ (5,974)	\$ 2,095
S&S	1,815	0.236	1,413	0.545	0.571	4,590	(6,987)	(2,307)	-	(9,294)	(4,714)
FIXED ASSETS											
TOTAL COST	\$ 6,356	\$ 1,506	\$ 1,726	\$ 1,316	\$ 2,197	\$ 13,104	\$ (6,987)	\$ (8,520)	\$ -	\$ (15,507)	\$ (2,403)
TOTAL REVENUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,403)	\$ -	\$ (2,403)	\$ (2,403)
NET COST	\$ 6,356	\$ 1,506	\$ 1,726	\$ 1,316	\$ 2,197	\$ 13,104	\$ (6,987)	\$ (6,117)	\$ -	\$ (13,104)	\$ -
BUD POS	55.0	15.0	3.0	8.0	13.0	94.0	-	(94.0)	-	(94.0)	-
ORD POS	55.0	15.0	3.0	8.0	13.0	94.0	-	(94.0)	-	(94.0)	-

* Includes the costs for Private Hospital Contracts (Hospital Costs for Indigent M.K Patients (911 Transports) and Private Physician Reimbursement) and for St Vincent Hospital MC Transfer Patients.

a) The FY 2007-08 projection assumes that we will use Nursing Registries and overtime for Registration staff to cover the additional shifts in the ED Triage Area and the Hospitalist Admitting Team since these are hard to recruit classifications.

b) Assumes 15 positions will be filled by May 1, 2008.

c) Assumes contract will be in place by April 1, 2008.

d) Assumes 8 positions will be filled by May 1, 2008.

e) Assumes 13 positions will be filled by May 1, 2008.

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
HARBOR PATIENT FLOW PROPOSAL
SUMMARY OF POSITION CHANGES**

ITEM NO.	SUB	CLASSIFICATION	HARBOR PATIENT FLOW PROPOSAL	RANCHO 30 ADC REDUCTION	TOTAL
0643	A	ACCOUNTING TECH II	-	(1.0)	(1.0)
9015	A	CLIN SOC WK SUPV II	-	(1.0)	(1.0)
4895	A	CLIN. LAB SCIENTIST I	-	(1.0)	(1.0)
5513	A	CLINICAL PHARMACIST	-	(1.0)	(1.0)
6774	A	CUSTODIAN	-	(1.0)	(1.0)
5794	A	DIAG. ULTRASND TECH	1.0	-	1.0
1418	A	HLTH INFO SR TECHNICIAN	-	(1.0)	(1.0)
1417	A	HLTH INFO TECHNICIAN	1.0	-	1.0
6711	A	HOUSEKEEPER	-	(1.0)	(1.0)
2214	A	INTER. TYPIST-CLERK	-	(4.0)	(4.0)
1138	A	INTERMEDIATE CLERK	2.0	(2.0)	-
4976	A	LABORATORY ASST	1.0	-	1.0
5104	A	LVN I	1.0	-	1.0
5105	A	LVN II	9.0	(6.0)	3.0
2135	A	MEDICAL SECRETARY	1.0	-	1.0
5803	A	NUCLEAR MED TECH. II	-	(1.0)	(1.0)
5286	A	NURSE MANAGER	-	(2.0)	(2.0)
5121	A	NURSE PRACTITIONER	17.0	-	17.0
5098	A	NURSING ATTENDANT I	1.0	-	1.0
5100	A	NURSING ATTENDANT II	-	(8.0)	(8.0)
5101	A	NURSING ATTENDANT III	12.0	-	12.0
5857	A	OCCUP. THERAPIST II	-	(1.0)	(1.0)
9192	A	PATIENT RES. WKR	11.0	(2.0)	9.0
9193	A	PFS WORKER	-	(1.0)	(1.0)
4977	A	PHLEBOTOMY TECH I	1.0	-	1.0
5836	A	PHY THERPIST ASST	-	(1.0)	(1.0)
5411	M	PHYS., POST GRAD - 6	4.0	-	4.0
5477	A	PHYS SPEC., MD-Emergency Room	3.0	-	3.0
5477	A	PHYS SPEC., MD-Internal Med	8.0	(1.0)	7.0
5477	A	PHYS SPEC., MD-Orthopedics	-	(3.0)	(3.0)
5477	A	PHYS SPEC., MD-Radiology	-	(1.0)	(1.0)
5047	A	PHYSICIAN'S ASSISTANT	-	(2.0)	(2.0)
5798	A	RADIOLOGIC TECH	-	(1.0)	(1.0)
5799	A	RAD TECH, SPEC. PROC.	1.0	-	1.0
5133	A	REGISTERED NURSE I	1.0	(18.0)	(17.0)
5134	A	REGISTERED NURSE II	12.0	(19.0)	(7.0)
5135	A	REGISTERED NURSE III	-	(3.0)	(3.0)
5261	F	RELIEF NURSE	5.0	-	5.0
5882	A	REHAB THERAPY TECH	-	(1.0)	(1.0)
5585	A	RESP. CARE PRAC. I	-	(2.0)	(2.0)
1140	A	SENIOR CLERK	-	(1.0)	(1.0)
2216	A	SENIOR TYPIST-CLERK	-	(1.0)	(1.0)
5329	A	SUPV CLINIC NURSE I	1.0	-	1.0
5338	A	SUPV STAFF NURSE I	-	(4.0)	(4.0)
5111	A	SURGICAL TECHNICIAN	1.0	(1.0)	-
5096	A	UNIT SUPPORT ASST	-	(1.0)	(1.0)
TOTAL			94.0	(94.0)	-

**INPATIENT INTENSIVIST AND HOSPITALIST
SERVICES AGREEMENT**

AMENDMENT NO. 4

THIS AMENDMENT is made and entered into this _____ day
of _____ 2008,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

PRIMARY CRITICAL CARE
MEDICAL GROUP
(hereafter "Contractor")

WHEREAS, reference is made to that certain document entitled "INPATIENT INTENSIVIST AND HOSPITALIST SERVICES AGREEMENT" dated November 30, 2006, and further identified as County Agreement No. 75936, as amended by Amendment No. 1, dated May 3, 2007 and Amendment No. 2 dated August 14, 2007 and Amendment No. 3 dated November 20, 2007, (hereafter "Agreement"); and

WHEREAS, pursuant to California Health and Safety Code, Sections 1441 and 1445, County has established and operates, through its Department of Health Services, various County hospitals, comprehensive health centers and health centers, including Harbor-University of California at Los Angeles Medical Center (hereinafter "Harbor-UCLA"); and

WHEREAS, the operation of Harbor-UCLA's Emergency Department is integral to the functioning of the emergency room system in the greater Los Angeles County; and

WHEREAS, to ensure the smooth operation of Harbor-UCLA's Emergency

Department, the timely transfer of patients from the Emergency Department to inpatient beds is critical to improving patient flow; and

WHEREAS, the placement of Hospitalists at Harbor-UCLA will add hospital admission capacity and census capacity to assist with moving admitted patients out of the emergency department onto the hospital floor and into inpatient beds; and;

WHEREAS, Contractor's Inpatient Hospitalists are skilled in various medical specialties and have applied for (or will apply for) and have been granted (or will be granted prior to the provision of service hereunder) consultant medical staff membership in Harbor-UCLA's Professional Staff Association ("PSA-H") and clinical privileges in accordance with such PSA-H's bylaws; and

WHEREAS, it is the desire of the parties hereto to amend the Agreement to provide for hospitalist services at Harbor-UCLA; and

WHEREAS, the Agreement provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective May 6, 2008.
2. Paragraph 3, MAXIMUM OBLIGATION, shall be deleted in its entirety and replaced with the following:

"A. As to the provision of services at MLK-H for that period December 1, 2006, through August 31, 2007, or such earlier date as the Director of Health Services shall establish in accordance with the inpatient census at MLK-H, the Maximum Obligation for those services shall not exceed Two Million Seven Hundred Fifty Dollars (\$2,750,000).

B. As to the provision of services at Rancho for that period August 14, 2007, through November 30, 2007, the Maximum Obligation for those services shall not exceed One Million Seven Hundred Fifty Thousand Dollars (\$1,750,000).

C. As to the provision of services at Rancho beginning December 1, 2007 through November 30, 2010, the Maximum Obligation for services provided shall not exceed Thirteen Million Five Hundred Thousand Dollars (\$13,500,000).

D. As to the provision of Hospitalist services at Harbor-UCLA, the Maximum Obligation for those services, effective May 6, 2008, through November 30, 2008, shall not exceed Eight Hundred Nine Thousand Dollars (\$809,000). Thereafter, for the periods beginning December 1, 2008, through November 30, 2009, and December 1, 2009, through November 30, 2010, the Maximum Obligation shall not exceed One Million Four Hundred The Thousand Dollars (\$1,410,000) annually or Two Million Eight Hundred Twenty Thousand Dollars (\$2,820,000) for both twelve (12) month periods, during the term of this Amendment.

E. The total Maximum Obligation for all services under this Agreement shall not exceed Twenty-One Million Six Hundred Twenty-Nine Thousand Dollars (\$21,629,000).

F. As to the provision of Hospitalist services at Harbor-UCLA only, the parties acknowledge that the Maximum Obligation reflects a service volume of fifteen to seventeen (15-17) inpatients per twelve-hour shift. The parties further acknowledge that the Maximum Obligation for services at Harbor-UCLA includes

an additional twenty percent (20%) more funding than otherwise is necessary to compensate Contractor for the provision of services set forth herein. The Chief Medical Officer of Harbor-UCLA, or his designee, at his sole discretion, shall be permitted to use this additional funding to make adjustments, as necessary, to staffing or direct and indirect patient care services, in order to meet daily fluctuations in the volume demand of the Hospitalist services at H-UCLA as further set forth in Exhibit E, attached hereto and incorporated herein by this reference."

3. Paragraph 4, DESCRIPTION OF SERVICES, shall be amended with the following paragraph at the end of the last sentence:

"Effective May 6, 2008 through November 30, 2010, Contractor shall provide Inpatient Hospitalist medical services, as described in Exhibit "E", at Harbor-UCLA. The parties acknowledge that the need for the number of staff as described in Exhibit "E" of Inpatient Hospitalist medical services may be reduced during the term of this Agreement. The Director, or his designee, at his sole discretion, may reduce the number of staff, or the number of covered shifts, by providing Contractor with sixty days' written notice of such reduction."

4. Paragraph 5, BILLING AND PAYMENT, shall be deleted in its entirety and replaced with the following:

"All billings by Contractor for services provided pursuant to this Agreement for MLK-H shall be in accordance with the terms, conditions, and amounts set forth in Exhibit "B", BILLING AND PAYMENT, attached hereto and incorporated herein by reference. All billings by Contractor for services provided pursuant to

this Agreement for Rancho shall be in accordance with the terms, conditions, and amounts set forth in Exhibit "D", BILLING AND PAYMENT-RANCHO, attached hereto and incorporated herein by reference. All billings by Contractor for services provided pursuant to this Agreement for Harbor-UCLA shall be in accordance with the terms, conditions, and amounts set forth in Exhibit "F", BILLING AND PAYMENT - Harbor-UCLA, attached hereto and incorporated herein by reference.

MLK-H, Rancho, and Harbor-UCLA are individually required to maintain patient and other records for physicians providing services at their respective Hospitals, including those for Contractor and Contractor's Inpatient Intensivists and Hospitalists. Such records may include, but are not limited to: Physician Time Allocation Survey, Professional Services Assignment Agreement, and a Medicare Penalty Statement. Contractor shall fully cooperate with MLK-H, Rancho and Harbor-UCLA in completing such records whenever requested by Administrator to do so."

5. EXHIBIT "E", DESCRIPTION OF SERVICES – Harbor-UCLA, shall be added to Agreement, as attached EXHIBIT "E".

6. EXHIBIT "F", BILLING AND PAYMENT – Harbor-UCLA, shall be added to Agreement, as attached EXHIBIT "F".

7. ATTACHMENT "F-1", HOSPITALIST STAFFING OBLIGATIONS – Harbor-UCLA, shall be added to Agreement as the attached ATTACHMENT "F-1".

8. Except for changes set forth hereinabove, the wording of the Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles
has caused this Amendment to be subscribed by its

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Director of Health Services and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month and year first above written.

COUNTY OF LOS ANGELES

By: _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

CONTRACTOR

By: Bruce Gipe, M.D.
(Printed Name)

(Signature)

Title _____

(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

By _____
Cara O'Neill, Chief
Contracts and Grants

DESCRIPTION OF SERVICES – HARBOR-UCLA
INPATIENT HOSPITALIST SERVICES AGREEMENT
FOR SERVICES EFFECTIVE MAY 6, 2008

1. DEFINITIONS: All DEFINITIONS below are applicable to this Exhibit "E" Exhibit "F", and Attachment "F-1" only.
 - A. As-Needed Basis: On an as-needed basis means using less than on a regular, everyday basis; but such usage may be anticipated and scheduled.
 - B. Shift: A shift is twelve consecutive hours.
 - C. Evening Shift: The Evening Shift is from eight p.m. to eight a.m.
 - D.. Day Shift: The Day Shift is from eight a.m. to eight p.m.
 - E. Partial Shift: A Partial Shift is less than twelve consecutive hours, but at least two consecutive hours.
 - F. Hospitalist: A physician who is Board Certified or Board Eligible in the specialty of either Internal Medicine or Family Medicine.
 - G. Physician Shift: A twelve hour shift which is staffed by a physician.

2. SERVICES TO BE PROVIDED: Contractor shall arrange for the provision of Inpatient Hospitalist services at Harbor-UCLA by Contractor's physicians

The parties acknowledge that the need for full staffing, as described in this Exhibit "E", of Inpatient Hospitalist medical services may be reduced during the Term of this Agreement. The Director, or his designee, at his sole discretion, may reduce the required number of staff, or the required number of covered shifts, by providing Contractor with sixty days' written notice of such reduction. Staff required to meet daily

census fluctuations as set forth in this Paragraph 2 shall not be subject to the sixty days' written notice requirement and accordingly may be reduced or eliminated at any time in the Chief Medical Officer's discretion.

Contractor's services will be limited to two Hospitalist Physician Shifts per twenty-four (24) hour day. In the event that Harbor-UCLA has a future need for additional Hospitalist Services, the parties will execute a formal amendment to that effect.

Notwithstanding the above, in the event that patient census fluctuates above 17 patients per Hospitalist shift pursuant to subparagraph "2. F. 3." below, an additional Hospitalist shall added to the particular Hospitalist shift. The need for an additional Hospitalist is anticipated to occur during approximately twenty percent (20%) of Hospitalist shifts. Staff required to meet daily census fluctuations shall not be subject to the sixty days' written notice requirement set forth in this Paragraph 2 and accordingly may be reduced or eliminated at any time in the Chief Medical Officer's-discretion

A. Hospitalist Services: Contractor shall provide Hospitalist coverage for the Medical/Surgical Units ("Med/Surg"). Such coverage shall be provided for the following shifts:

- All Evening Shifts
- All Day Shifts

B. Administrative Services: Administrative services shall be provided in the form of Contractor Medical Director as the primary contact between Contractor and Harbor-UCLA. Contractor's Medical Director or designee shall be available either on-site or by telephonic contact on a 24 hour/7 day basis. Such Administrative Services shall be provided to the County at no additional cost.

C. Both parties to this Agreement acknowledge that Contractor's

ability to staff Harbor-UCLA's Inpatient Hospitalist services is partially related to the census volume on the respective services. County agrees to promptly (within twenty-four [24] hours) notify Contractor of any decision that will impact the inpatient census volume in any way. In acknowledgment of the uncertainty of the magnitude of the census at the time of the initiation of this Agreement, County agrees to expedite the credentialing of new physicians, granting temporary privileges as needed to qualified applicants, and to allow Contractor to independently contract with qualified current and former County physicians in order to achieve required staffing levels.

D. Contractor shall ensure the admitting, rounding, managing, and discharging of, and consulting for, Harbor-UCLA's patients. Only physicians meeting the County's criteria outlined hereunder and who are acceptable to Harbor-UCLA's Chief Medical Officer shall be assigned to Harbor-UCLA.

E. Inpatient Hospitalist services shall be performed only for County patients and shall be under the direction of Harbor-UCLA's Chief Medical Officer. Harbor-UCLA shall retain professional and administrative responsibility for the services provided under this Agreement. Such services include, but are not limited to, the following:

1. Hospitalist services as set forth in this Paragraph 2, with specific times, places, and dates scheduled in advance, in writing, and agreed upon by Harbor-UCLA's Chief Medical Officer, or his designee, and Contractor's Hospitalist Medical Director-Harbor-UCLA.

2. Specific Hospitalist Services: Specific Hospitalist Services

shall include, but not be limited to the following:

- a. Admit patients and direct the care of adult hospitalized patients, including initial history and physical examinations, completed daily progress notes, discharge summaries, and procedure notes on all patients receiving Hospitalist services.
- b. Work with County mid-level staff to run the team, comprised of the Hospitalist physician, and mid-level staff assigned to the Hospitalist physician from Harbor-UCLA's Department of Medicine ("DOM").
- c. Supervise and direct DOM Hospitalist and non-Hospitalist patient care during the Evening shift, to include, but not be limited to, appropriate input and management by subspecialty services. Input into the management of non-Hospitalist service shall be at the request of the non-Hospitalist team housestaff or Attending of Record.
- d. Perform and supervise common Internal Medicine procedures as required by the patients on the Hospitalist service, or requested by the Internal Medicine housestaff on other patients.
- e. Respond to all Code Blue activations as a member of the team during the Evening shift.
- f. Actively participate in patient flow issues, which may include, are not limit to, rounding with the Patient Flow Facilitator, to identify patients who could be transferred to a lower level of care.

g. Conduct rounds with the Hospitalist service, including the new Hospitalist shift and mid-level practitioner.

h. Provide advice and assistance to Ward Call and Third Call Residents in-house, if requested by the respective resident or Attending of Record, as determined by Chief Medical Officer

i. Provide immediate supervision and/or direct patient care related to Pre-Operative Consultations for hospitalized non-medical patients, as requested by Third Call or the Attending of Record, as determined by the Chief Medical Officer or his designee.

j. Participate in the DOM and Hospital core measures programs, as requested by Chief Medical Officer, under the direction of the Department Chair.

k. Provide an updated and complete sign-out list at the end of each shift of all patients assigned to the Hospitalist service.

3. Anticipated workload for each Hospitalist is as follows:

Census/per shift:	15-17 patients
Admits/per 24 hour day:	3-6 patients

Each Hospitalist will have a current inpatient census of fifteen (15) patients per shift. In the event that the census per Hospitalist goes above seventeen (17) per Hospitalist shift, an additional Hospitalist will be added for each shift until the census returns below seventeen (17). The need for an additional Hospitalist shall be a result of patient census fluctuation and is anticipated to occur during approximately twenty percent (20%) of Hospitalist shifts. The additional Hospitalist shall be authorized **only** by

Harbor-UCLA's Chief Medical Officer or his designee. Staff required to meet daily census fluctuations shall not be subject to the sixty days' written notice requirement set forth in Paragraph 2 above and accordingly may be reduced or eliminated at any time in the Chief Medical Officer's discretion.

3. CONTRACTOR RESPONSIBILITIES:

A. Business License: Contractor shall provide evidence that it has, for a minimum of two (2) years, been in business as a provider of Inpatient Hospitalist services described in this Agreement. Prior to the execution of this Agreement, Contractor shall provide the Department of Health Services, Contracts and Grants Division, with a copy of its current business license(s) and appropriate Employer Identification Number.

B. Physician License: Contractor shall ensure that each of its physicians is duly licensed to practice medicine in the State of California, and Board certified or Board eligible in his or her particular specialty, and is or will become a consultant member of the medical staff (with clinical privileges) of the professional staff association at Harbor-UCLA requiring such services. Contractor shall assure that the physicians who agree to provide services through Contractor hereunder shall at all times meet the minimum professional qualifications for his/her specialty, as defined by Harbor-UCLA.

C. Coverage: Contractor shall ensure that there is Hospitalist coverage, as described in Section 2, SERVICES TO BE PROVIDED, above. Such coverage will include sufficient on-site, full-time Hospitalist(s), to provide

medical services to the Med/Surg ward(s), and other areas as needed by Harbor-UCLA. "Sufficient staff" means that 1) at least one Hospitalist shall provide on-site coverage for any shift requiring such coverage on Medical/Surgical ward(s), and 2) at least one Hospitalist shall provide on-site coverage for any shift requiring such coverage in any other area. Any on-call physician assigned to the provision of services under this Agreement shall respond to a call within ten (10) minutes and, if needed physically at Harbor-UCLA, shall report to the facility within three (3) hours of being summoned.

One physician shall be assigned to cover an entire shift of twelve hours. However, in the event that one physician covers a partial shift and a different physician covers the remainder of the shift, Contractor shall receive payment for the entire shift, in accordance with the payment provisions set forth in Exhibit "F", BILLING AND PAYMENT, attached hereto.

D. Maintenance of Standards: Contractor shall maintain the standards necessary for accreditation and California Code of Regulations, Title 22 compliance for the physician components of the applicable services.

Contractor shall perform all services hereunder in accordance with all applicable and accepted professional and ethical standards of the medical profession and that such services shall be in compliance with all applicable Federal, State, and local laws, ordinances, regulations, rules, and directives, as well as with all applicable regulations, policies, procedures, rules, and directives of Harbor-UCLA, and of the professional staff association of Harbor-UCLA.

Contractor shall ensure that all physicians providing services hereunder

shall be in conformance with the continuing education requirements established by The Joint Commission.

E. Professional Services Billing: Contractor, including its principals and Hospitalist personnel, shall not bill any patient or any payor for services rendered pursuant to this Agreement and shall consider payment by the County to be payment in full for such services.

F. Recruitment

1. Contractor shall screen and validate each physician's experience and suitability to determine and assure that each such physician meets the professional qualifications requested by Harbor-UCLA. Contractor shall also query the National Data Bank and State Medical Board on each physician candidate, prior to providing services hereunder, and report to Harbor-UCLA's Chief Medical Officer or his designee all adverse reports related to medical malpractice and disciplinary action involving that physician.

2. Contractor shall provide Harbor-UCLA with a Curriculum Vitae for each physician seeking to provide services under this Agreement. When feasible, Contractor shall make such physician(s) available for personal interview(s) by County Harbor-UCLA's staff designated by the Administrator.

G. Infection Control: If any of Contractor's personnel are diagnosed with having an infectious disease, and Contractor is made aware of such a diagnosis and such person has had contact with a County patient during the

usual incubation period for such infectious disease, then Contractor shall report such occurrences to the Infection Control Department at Harbor-UCLA where the personnel is on staff within twenty-four (24) hours of becoming aware of the diagnosis.

If a County patient is diagnosed with having an infectious disease, and such County patient has had contact with any Contractor personnel during the usual incubation period for such infectious disease, the Harbor-UCLA physician treating the patient shall report such occurrence to Contractor if the law so permits.

For purposes of this Agreement, the infectious diseases reportable hereunder are those listed in the Public Health List of Reportable Diseases.

H. Physical Examinations/Immunizations: Contractor shall ensure that all personnel who perform patient care services under this Agreement are examined by a licensed physician, or other licensed medical practitioner authorized to perform annual physical examinations, on an annual or biannual basis, as required by The Joint Commission and section 70723, Title 22, California Code of Regulations, and shall provide Administrator at all reasonable times, upon request, with evidence that each such person is free of infectious disease(s), has been immunized against common communicable diseases, has received a chest X-ray and/or annual TB skin test, a rubella antibody titer demonstrating immunity and/or vaccination, and been offered a Hepatitis B antibody titer demonstrating immunity and/or vaccination. In those instances where persons have no demonstrated immunity, and have refused vaccination, a

waiver to that effect must be on file and provided upon request.

Written certification that such personnel are free of infectious disease(s), have been tested and/or vaccinated as required above, and are physically able to perform the duties described herein shall be retained by Contractor for purposes of inspection and audit and made available at all reasonable times to Administrator upon request.

Contractor's personnel not having completed one or more of the above tests may choose to obtain such tests at Harbor-UCLA, at Contractor or the personnel's expense, if such tests are offered by Harbor-UCLA. In such event, the time Contractor's personnel spend obtaining such required tests may not be billed to County.

I. Department of Health Services (DHS) Risk Management

Information Handbook: Contractor's personnel assigned to Harbor-UCLA hereunder must read and sign a statement that she/he has read the DHS Risk Management Information Handbook regarding DHS' malpractice policies and medical protocols prior to providing services under this Agreement.

J. Medical Records: Contractor shall ensure that patient medical documentation is completed in an accurate and timely manner, as required by Harbor-UCLA.

K. Performance Measures: Contractor shall establish Performance Measures for tracking by Inpatient Hospitalists. Such Performance Measures shall include, but not be limited to, the following:

Average Length of Stay – DRG Based (Goal to reduce by 15%)
Number of Admission and Discharges.

Number of discharges from the Emergency Department
Discharge Summary Dictation Compliance (Goal – 100% within 24
hours of discharge).
30-day Readmission Rate (Goal to reduce by 20%)
Compliance with Core Measure at Harbor-UCLA programs
Acute Myocardial Infarction
Aspirin at discharge
Beta Blocker at discharge
Congestive Heart Failure
Heart failure discharge instructions
Assessment of LV function
ACE or ARB at discharge
Community Acquired Pneumonia
Oxygenation assessment
Antibiotics within 4 hours
Smoking Cessation Counseling
Vaccinations (influenza and pneumococcal vaccines).
Patient Satisfaction
Utilization of Ancillary Services and Testing
ACGME Accreditation of Internal Medicine Program

L. Financial Screening Staff: Contractor shall cooperate with County's efforts to identify the patient's financial resources, to the extent allowed by law. Contractor shall fully cooperate with the Harbor-UCLA Medical Foundation, Incorporated ("MFI") billing and collection process, as necessary, for these Hospitalist inpatient services.

M. Written Schedule: Contractor's Hospitalist Medical Director shall prepare, on a monthly basis and in consultation and collaboration with Harbor-UCLA's Chief Medical Officer or his designee, a written schedule of Hospitalist

coverage for shifts and services requiring Contractor coverage. Such schedule shall be presented in duplicate for review and approval by the Harbor-UCLA Chief Medical Officer prior to the first day of the scheduling month. Such schedule shall be substantially similar to Attachment "F-2", attached hereto and incorporated herein by this reference.

N. Invoice: Contractor shall provide County with a completed invoice, on a monthly basis, in accordance with Exhibit "F", in order to receive payment from County.

4. PERSONNEL REQUIREMENTS:

A. Licenses: All personnel providing services at County Facilities must be appropriately licensed by the State of California and shall carry their current State license (not a copy) at all times. Contractor shall verify that all personnel providing services hereunder have current licenses, and any other licenses and/or certificates required by law. Documentation that Contractor has verified the current status of all such licenses and/or certifications shall be retained by Contractor for purposes of inspection and audit and made available to County upon request.

All personnel providing services hereunder shall provide Harbor-UCLA Administrator with a copy of all current licenses, credentials, and certifications, as appropriate, at the time such personnel are first assigned to Harbor-UCLA and as requested by County. All personnel providing services hereunder must meet the credentialing criteria set forth in the Harbor-UCLA's Professional Staff Association ("PSA") bylaws or other credentialing process prior to providing

services under this Agreement. The Harbor-UCLA Administrator shall verify the current status of all personnel's license, medical clearance(s), credentials, and certifications, as appropriate, when such personnel are first assigned to Harbor-UCLA and as requested by County. Harbor-UCLA shall refuse utilization of any personnel who do not meet Harbor-UCLA's PSA credentialing criteria and/or whose license, credentials, and certifications, as appropriate, are not current.

In the event Harbor-UCLA inadvertently utilizes the services of personnel who lack the appropriate licenses, credentials, and certificates, as appropriate, Harbor-UCLA shall not pay for any time worked by that personnel.

Failure to maintain one hundred percent (100%) compliance with the requirements of this Paragraph, as determined by a County audit/compliance review, shall constitute a material breach of this Agreement upon which County shall immediately terminate this Agreement.

B. Bloodborne Pathogens Training: All personnel providing services hereunder must read and sign a statement that she/he has read the Occupational Safety and Health Administration ("OSHA") Bloodborne Pathogens Programmed Instruction packet prior to providing services under this Agreement.

C. Cardio-Pulmonary Resuscitation Certification: All personnel providing services hereunder must comply with Harbor-UCLA PSA requirements for certification in Advance Cardiac Life Support ("ACLS")

5. COUNTY RESPONSIBILITIES:

A. County shall provide all needed nursing and support staff for the Hospitalist medical services in the Medical/Surgical ward(s), and other areas at

Harbor-UCLA. County shall also provide all needed ancillary services for the Hospitalist medical services in the Medical/Surgical ward(s), and other areas at Harbor-UCLA.

B. Chief Medical Officer of Harbor-UCLA shall assure that Hospitalist medical services, as identified on the Contractor's monthly written schedule, were indeed provided and that Harbor-UCLA maintains appropriate time records to reflect the provision of same. Harbor-UCLA shall maintain such schedules throughout the Agreement term and for a period of five years thereafter for the purposes of inspection and audit.

C. County shall pay Contractor in accordance with the procedures in Exhibit "F", BILLING AND PAYMENT, attached hereto.

D. County shall provide supplies, desk, telephone, fax machine, copier, and other clerical supplies for Contractor's usage.

E. Call room: County shall provide secure calls rooms for the use of Contractor's on duty physicians. Calls rooms shall be equipped with the following: telephone, bed, bathroom, and access to a personal computer and printer. Hospitalists shall be required to sign an "Acceptable Use" letter with the Department of Health Services regarding the use of Los Angeles County computers as a prior condition of use.

F. Pagers: County shall provide Contractor physicians with digital pagers that function in and outside (within Southern California) of Harbor-UCLA.

6. PERSONNEL:

A. Harbor-UCLA's Administrator/Chief Medical Officer, or their

designees, may refuse the provision of service by, or the assignment of, any of Contractor's personnel, in his/her sole discretion, during the term of this Agreement. Contractor agrees to accept and abide by any decision of Harbor-UCLA and shall promptly remove any such personnel from service under this Agreement.

Contractor may discipline or terminate any personnel, without cause, in its sole discretion, during the period of personnel's assignment to Harbor-UCLA. County agrees to accept and abide by any decision of Contractor.

In any of the above cases, Contractor may bill Harbor-UCLA for the actual hours worked by said individual prior to his/her removal.

B. The intent of the parties is to communicate in good faith regarding problems involving Contractor-assigned personnel.

C. Harbor-UCLA may refuse assignment of personnel who have previously been requested to be removed from the provision of services by any other County facility.

D. Contractor shall establish appropriate policies and procedures regarding initial and follow-up procedures for Contractor's personnel who experience an industrial accident (e.g., needle stick) while working at Harbor-UCLA. In the event one of Contractor's personnel receives a needle stick, such personnel may seek immediate medical care at Harbor-UCLA at Contractor's expense. Follow-up for personnel exposed to HIV positive patients must be in accordance with Federal Centers for Disease Control and State guidelines and is the responsibility of Contractor and the individual personnel.

7. STANDARDS OF CARE:

A. County has established a Quality Assessment and Improvement Committee, composed of County employees appointed by Director to review the services contemplated by this Agreement and to assure a standard of care by Contractor and others which is consistent with the laws of the State and Federal government, with County's Quality Assessment and Improvement standards, and with the prevailing standards of medical practice in the community. Contractor agrees to adhere to the standards thereby established and to permit review by County's Quality Assessment and Improvement Committee representatives.

8. PARKING SPACE: When providing services at Harbor-UCLA hereunder, Contractor's personnel shall be furnished by Administrator with an assigned parking area at Harbor-UCLA, if available.

BILLING AND PAYMENT - HARBOR-UCLA

INPATIENT INTENSIVIST AND HOSPITALIST SERVICES AGREEMENT

EFFECTIVE MAY 6, 2008

1. BILLING AND PAYMENT: Contractor shall bill County monthly in arrears, in accordance with the terms, conditions, and rates set forth below. All billing invoices shall clearly reflect and provide reasonable detail of the services for which claim is made, including, but not limited to, type of Inpatient Hospitalist medical services (procedures) provided, name of the personnel who provided services, date, and hours worked, the authorized rate, and any other charges or credits, as set forth in this Agreement. All invoices must be accompanied by a completed written schedule, as referenced in Exhibit "E" Paragraph 3, CONTRACTOR RESPONSIBILITIES, M, for the billing month.

Billings shall be made and forwarded to Harbor-UCLA to the attention of the Expenditure Management Division promptly on a monthly basis. Upon receipt of a complete and correct billing invoice, County shall pay Contractor within thirty (30) working days. Incorrect and/or discrepant billings, as determined by Harbor-UCLA, will be returned to Contractor for correction before payment is made.

A. Contractor shall fully cooperate with Medical Facility staff, and the staff of the County's Treasurer-Tax Collector or any County billing and collection contractor, in billing third-party payers and patients for care provided by Contractor hereunder.

B. In the event that the MFI at Harbor-UCLA is designated as the billing and collection agent for Hospitalists services hereunder, Contractor shall fully cooperate with the MFI in its billing and collection process for these Hospitalist inpatient services.

C. In the event this Agreement is suspended, canceled, or terminated, County's payment obligation above shall cease as of the date of such suspension, cancellation, or termination. All unpaid past due balances, including payment for all unpaid services provided according to the terms of this Agreement, shall be due and payable at the time of termination.

2. THIRD PARTY BILLING: Contractor, including its principals and Hospitalist personnel, shall consider payment by the County to be payment in full for such services and shall not bill any patient or any payor for services rendered pursuant to this Agreement.

Contractor agrees that County will bill for all third party payors for patients receiving medical services under this Agreement, and that Contractor shall not bill for, and has no claim on, such third party payments.

3. PAYMENT AMOUNT: County shall compensate Contractor for all Inpatient Hospitalist services provided to County patients hereunder in accordance with the provisions below.

County shall compensate Contractor for medical services on a per shift, per Hospitalist basis. For example, if two (2) Hospitalists are required to cover a weekend Evening shift, Contractor shall be compensated at the Hospitalist rate times two (2).

If Contractor performs services for less than a shift, i.e., partial shift, (less than

twelve [12] consecutive hours), but at least two consecutive hours, Contractor shall be paid for the partial shift by prorating the number of hours worked. Partial shift hours shall be rounded up to the nearest hour. Contractor shall not receive compensation for a partial shift unless medical services are performed for at least two consecutive hours of a shift.

In the event that one physician covers a partial shift and a different physician covers the remainder of the shift such that a full shift is staffed, Contractor shall receive payment for the full shift. Payment shall be made, by hours worked, by shift rate, and by Hospitalist rate.

In the event that one physician covers a partial shift and a different physician also covers a partial shift such that the partial shifts are consecutive but a full shift is not staffed, Contractor shall receive payment for the prorated hours, by hours worked, by shift rate, and by Hospitalist rate.

Harbor-UCLA's Chief Medical Officer shall assure that such medical services were indeed provided and that Hospital maintains appropriate time records to reflect the provision of same.

Contractor agrees that should any physician perform services not requested and specified in Exhibit "E", such services shall be deemed to be a gratuitous effort on the part of Contractor and the physician, and neither party shall have any claim against County for such services.

County's maximum obligation to Contractor for Hospitalist medical services, as set forth in Exhibit "E", effective May 6, 2008, through November 30, 2008, shall not exceed Eight Hundred Nine Thousand Dollars (\$809,000). Thereafter, for the periods

beginning December 1, 2008, through November 30, 2009, and December 1, 2009, through November 30, 2010, the maximum obligation shall not exceed One Million Four Hundred The Thousand Dollars (\$1,410,000) annually or Two Million Eight Hundred Twenty Thousand Dollars (\$2,820,000) for both twelve (12) month periods, during the term of this Amendment.

County's reimbursement rates to Contractor shall be as follows:

1. Medical Staff Services
2. Base Costs*

*Includes benefits, insurance, corporate administrative personnel, and other miscellaneous fixed costs

Rates:

Medical Staff Services - Shift Rates

Hospitalist	\$1,500
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Base Costs – <u>Monthly</u>	\$8,000
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INPATIENT INTENSIVIST AND HOSPITALIST SERVICES AGREEMENTHOSPITALIST STAFFING PAYMENT/OBLIGATIONS – HARBOR-UCLAEFFECTIVE MAY 6, 2008Estimated/Anticipated Staffing Payments/Obligations**County shall only reimburse Contractor for services provided**Effective May 6, 2008 through November 30, 2008 (6 months and 26 days in May 2008)

<u>6-Month Estimate</u>	<u>No. of Shifts</u>	<u>Amount</u>
Hospitalist Day Shift*	209	\$313,500
Hospitalist Evening Shift*	209	\$313,500
Additional Hospitalist (20% of all Shifts)	84	\$126,000
Subtotal Medical Staff		<u>\$753,000</u>
Base Costs**	\$8,000/mo.	\$ <u>56,000</u>
Total Estimated 7-Month Payments		<u>\$809,000</u>

Effective December 1, 2008 through November 30, 2010 (24 Months)

<u>Annual Estimate</u>	<u>No. of Shifts</u>	<u>Amount</u>
Hospitalist Day Shift*	365	\$ 547,500
Hospitalist Evening Shift*	365	\$ 547,500
Additional Hospitalist (20% of all Shifts)	146	\$ 219,000
Subtotal Medical Staff		<u>\$1,314,000</u>

INPATIENT INTENSIVIST AND HOSPITALIST SERVICES AGREEMENT

HOSPITALIST STAFFING PAYMENT/OBLIGATIONS – HARBOR-UCLA

EFFECTIVE MAY 6, 2008

Effective December 1, 2008 through November 30, 2010 (24 Months) (cont.)

Base Costs**	\$8,000/mo.	\$ <u>96,000</u>
Total Estimated Annual Payments		\$1,410,000
Total 24 Month Estimate		<u>\$2,820,000</u>

<u>Total Maximum Obligation</u>	<u>\$3,629,000</u>
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* Includes County holidays, Labor Day, Columbus Day, Veterans' Day, and Thanksgiving Holidays

**Includes benefits, insurance, corporate administrative personnel, and other miscellaneous fixed costs.

HARBOR-UCLA HOSPITALIST SERVICES PHYSICIAN SCHEDULE						
MAY 2008						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			DAY NIGHT	1 XX XX	2 XX XX	3 XX XX
4 XX XX	5 XX XX	6 MD MD	7 MD MD	8 MD MD	9 MD MD	10 MD MD
11 MD MD	12 MD MD	13 MD MD	14 MD MD	15 MD MD	16 MD MD	17 MD MD
18 MD MD	19 MD MD	20 MD MD	21 MD MD	22 MD MD	23 MD MD	24 MD MD
25 MD MD	26 MD MD	27 MD MD	28 MD MD	29 MD MD	30 MD MD	31 MD MD